



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

SEP 17 2019

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to 10 U.S.C. § 1073b(a), originally enacted as part of section 739 of the National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375), which requires an annual report on Recording of Health Assessment Data in Military Health Records for Calendar Year 2018. The report addresses specific quality assurance activities that involved the review of Service member deployment health information maintained in military health records and central Department of Defense (DoD) medical surveillance databases.

The DoD Force Health Protection Quality Assurance Program office audited the collection of blood samples, administration of immunizations, and documentation of deployment health assessments stored in electronic repositories for deployed military members and DoD civilians. The enclosed report documents the results of those audits. The Department is implementing necessary actions to assess compliance issues, and most importantly, to implement immediate actions to improve and sustain compliance.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Chairman of the Committee on Armed Services of the House of Representatives.

Sincerely,

A handwritten signature in black ink, reading "James N. Stewart", is positioned above the typed name and title.

James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

SEP 17 2019

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Chairman of the Committee on Armed Services of the Senate.

Sincerely,

A handwritten signature in black ink that reads "James N. Stewart". The signature is fluid and cursive, with a large loop at the end.

James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable William M. "Mac" Thornberry
Ranking Member



**Report to Committees on Armed Services
of the Senate and House of
Representatives**

**Annual Department of Defense Report on
Recording of Health Assessment Data in
Military Health Records
Pursuant to Section 1073b(a) of Title 10,
United States Code**

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$2,400 for the 2019 Fiscal Year. This includes \$0 in expenses and \$2,400 in DoD labor.
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Introduction

The Department of Defense (DoD) reports annually to the Committees on Armed Services of the Senate and House of Representatives pursuant to section 1073b(a) of title 10, United States Code (U.S.C.), as amended (Reference (a)).

Executive Summary

The Force Health Protection Quality Assurance (FHPQA) program audits the collection of blood samples, administration of immunizations, and documentation of deployment health assessments (DHA) stored in electronic medical repositories for deployed military members. This report documents the results of those audits for military members returning from a deployment in calendar year (CY) 2018.

The Armed Forces Health Surveillance Branch (AFHSB), Defense Health Agency, maintains the Defense Medical Surveillance System (DMSS). The DMSS is the central repository of medical surveillance data for the U.S. Armed Forces. Included in the DMSS are blood sampling data from the Department of Defense Serum Repository (DoDSR), immunizations data, and the completed DHAs. Additionally, the Military Services maintain copies of immunizations and DHAs in each military member's medical record and the Military Service-specific medical readiness reporting system.

For military members returning from a deployment in 2018, the DMSS data indicate the following:

- Pre-Deployment Health Assessment (Pre-DHA) forms for 92 percent of those military members required to complete the form; 68 percent of those required to complete the Post-Deployment Health Assessment (PDHA) form; and 45 percent of those required to complete the Post-Deployment Health Reassessment (PDHRA) form
- Blood samples taken for 96 percent of military members before deployment and 56 percent after deployment

Efforts to improve compliance across the Military Departments include: a gap analysis report to address issues related to noncompliance, concerns, and resulting actions; meetings with the Services to assess and address issues; improving the accuracy of data used to verify Service member deployments; optimization of the annual Periodic Health Assessment program to serve as a means for simultaneously completing the required pre- and post-deployment assessments (avoid duplication of effort); enhancing Military Department medical reporting systems used to document and report completion; and use of information technology to improve electronic recording and accessibility of immunization and health assessment data.

Blood Samples, Immunizations, and Health Assessments

Section 1073b(a) of title 10, U.S.C. (Reference (a)), directs the DoD to submit the results of audits conducted during the CY documenting to what extent deployed military members' serum sample data are stored in the DoDSR. The deployment-related health assessment records are

maintained in the DMSS electronic database. In CY 2019, members of the FHPQA program and representatives of the Services jointly planned, coordinated, and conducted audits electronically using data from the DMSS and the Defense Manpower Data Center (DMDC). The audits assessed deployment health policy compliance and effectiveness, as directed by Reference (b). Table 1 illustrates DoD's audit results for all military members who met specific audit criteria outlined in this section.

The Contingency Tracking System (CTS), managed by the DMDC, was used to identify deployers who returned from deployment during CY 2018. CY 2018 was chosen to allow enough time for deployers to complete the PDHRA. A qualifying deployment was a deployment to a country identified on the list generated by the AFHSB and the Office of the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight. Only military members who deployed greater than 30 days to a location with no fixed medical treatment facility were included in the audit analysis.

Department of Defense Instruction (DoDI) 6490.03, "Deployment Health" (Reference (c)), requires military members to complete the Pre-DHA 120 days prior to the expected deployment date; the PDHA as close to the return-from-deployment date as possible, but not earlier than 30 days before the expected return-from-deployment date, and not later than 30 days after return from deployment; and the PDHRA within 90 to 180 days after return to home station. However, on occasion, the CTS roster included time away from home station as part of deployment when, in fact, the individual had not yet deployed. Therefore, to ensure complete capture of the deployment health assessment forms in the DMSS, the window for submission was widened. Thus, the following criteria were used for determining when DoD deployers complied with force health protection policy:

- Immunizations: Individuals deployed to select areas overseas for more than 30 days were required to have anthrax vaccination and influenza vaccination or documented waivers on file within 365 days prior to the deployment.
- Health Assessments:
 - Pre-DHA: Given 150 days before to 30 days after deployment begin date.
 - PDHA: Given 60 days before to 60 days after the deployment end date.
 - PDHRA: given 60 to 210 days after deployment end date.
- Serum Collection:
 - Pre-Serum: Serum drawn within 365 days prior to and 30 days after the deployment begin date.
 - Post-Serum: Serum drawn between 30 days prior to and 60 days after the deployment end date.

A small number of military members may have exemptions from some immunizations; therefore, Component-approved exemptions were included as compliant for this audit. As in the 2018 audit, the DoD identified anthrax compliance for only those who had anthrax immunizations within 12 months of deploying. Using these methods, the DoD realized overall immunization compliance for deployers this year was 84 percent, a 1 percent increase in compliance compared to previous years. Results of the electronic review can be found in Table 1.

Table 1: DoD Combined Armed Forces Blood Sample, Immunizations, and Health Assessment Audit Results

Audit Results for Military members returning from a deployment in 2018	% Completed
Number of service members returning from deployment during CY 2018	142,853
Immunizations	89%
Pre-DHA	92%
PDHA	68%
PDHRA	45%
Blood samples taken from a Military member before deployment are stored in the blood serum repository of the DoD	96%
Blood samples taken from a Military member after the deployment are stored in the blood serum repository of the DoD	56%

Data Source: DMSS

Prepared by Defense Health Agency AFHSB, as of July 10, 2019.

Conclusion

A key component of force health protection is the completion, electronic documentation, and accessibility of deployment-related blood sampling, immunizations, and health assessments conducted for all deploying Service members. The DoD conducts annual quality assurance audits to determine compliance with policy requirements and identify ways to continually improve completion rates, documentation in medical records and surveillance repositories, and accessibility of the data to health care providers, epidemiologists, and other medical professionals.

Efforts to improve compliance across the Military Departments include: a gap analysis report to address issues related to noncompliance, concerns, and resulting actions; meetings with the

Services to assess and address issues; improving the accuracy of data used to verify Service member deployments; optimization of the annual Periodic Health Assessment program to serve as a means for simultaneously completing the required pre- and post-deployment assessments (avoid duplication of effort); enhancing Military Department medical reporting systems used to document and report completion; and use of information technology to improve electronic recording and accessibility of immunization and health assessment data.

In conclusion, during the past year, the DMDC was not able to provide deployment population, which is part of the CTS, to the DoD. Once the deployment population was provided in July 2019, the Services noted missing data. Due to time constraints, this report is based on Service deployment rosters. The DoD plans to meet with the DMDC and Service data leads to address data issues.

Acronyms, Terms, and References

Acronym	Term
AFHSB	Armed Forces Health Surveillance Branch
CTS	Contingency Tracking System
CY	Calendar Year
DHA	Deployment Health Assessment
DMDC	Defense Manpower Data Center
DMSS	Defense Medical Surveillance System
DoD	Department of Defense
DoDI	Department of Defense Instruction
DoDSR	Department of Defense Serum Repository
FHPQA	Force Health Protection Quality Assurance
PDHA	Post-Deployment Health Assessment (DD Form 2796)
PDHRA	Post-Deployment Health Reassessment (DD Form 2900)
Pre-DHA	Pre-Deployment Health Assessment (DD Form 2795)
U.S.C.	United States Code

References

- (a) Public Law 108-375, “Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005,” October 28, 2004.
- (b) DoDI 6200.05, “Force Health Protection (FHP) Quality Assurance (QA) Program,” June 16, 2016.
- (c) DoDI 6490.03, “Deployment Health,” August 11, 2006.